

TITLE V BLOCK GRANT APPLICATION
FORMS (1-21)
STATE: MP
APPLICATION YEAR: 2006

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/15/2002	APPLICANT IDENTIFIER
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER
5. APPLICANT INFORMATION			
Legal Name: Commonwealth of the Northern Mariana Islands		Organizational Unit: Department of Public Health	
Address (give city, county, state and zip code) P.O. Box 500409 Chalan Kanoa Saipan, MP 96950 County: CNMI		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: James U. Hofschneider, MD Tel Number: (670) 234-8950	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 150px; height: 30px; margin: 5px 0;"></div>		7. TYPE OF APPLICANT: (Enter appropriate letter in box) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipality J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipality M. Profit Organization G. Special District N. Other (Specify)	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):		9 NAME OF FEDERAL AGENCY: Health Resources and Services Administration, Maternal and Child Health Bureau	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px 0; display: flex; align-items: center; justify-content: space-around;">93</div> <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px 0; display: flex; align-items: center; justify-content: space-around;">994</div> TITLE: Maternal and Child Health Services Block Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Maternal and Child Health Services	
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): state-wide			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 10/01/2005	Ending Date: 09/30/2006	a. Applicant	b. Project
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ <u>500,990.00</u>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ <u>0.00</u>		
c. State	\$ <u>876,733.00</u>		
d. Local	\$ <u>0.00</u>		
e. Other	\$ <u>0.00</u>		
f. Program Income	\$ <u>517,032.00</u>		
g. TOTAL	\$ <u>1,894,755.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative James U. Hofschneider, MD		b. Title Secretary of Public Health	c. Telephone Number (670) 234-8950
d. Signature of Authorized Representative		e. Date Signed	

FORM 2
MCH BUDGET DETAILS FOR FY 2006

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: MP

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])

Of the Federal Allocation (1 above), the amount earmarked for:

A.Preventive and primary care for children:

\$ 153,903 (30.72%)

B.Children with special health care needs:

\$ 154,605 (30.86%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 50,099 (10%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

\$ 500,990

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 876,733

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 517,032

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 395,500

\$ 1,393,765

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 1,894,755

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 90,300

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 15,000

g. WIC: \$ 0

h. AIDS: \$ 236,507

i. CDC: \$ 1,942,577

j. Education: \$ 0

k. Other: \$ 0

Region IX-FP; HRSa \$ 170,124

SAMHSA \$ 548,686

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 3,003,194

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 4,897,949

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: MP

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 506,369	\$ 465,859	\$ 500,990	\$ 0	\$ 500,990	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 866,146	\$ 796,854	\$ 866,146	\$ 0	\$ 876,733	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 591,444	\$ 544,128	\$ 553,071	\$ 0	\$ 517,032	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 1,963,959	\$ 1,806,841	\$ 1,920,207	\$ 0	\$ 1,894,755	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 2,663,446	\$ 2,450,370	\$ 2,592,326	\$ 0	\$ 3,003,194	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 4,627,405	\$ 4,257,211	\$ 4,512,533	\$ 0	\$ 4,897,949	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: MP

	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 495,274	\$ 411,077	\$ 494,892	\$ 381,067	\$ 506,369	\$ 475,987
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 866,730	\$ 719,386	\$ 866,061	\$ 666,867	\$ 866,146	\$ 814,177
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 479,573	\$ 398,046	\$ 527,530	\$ 406,198	\$ 553,907	\$ 520,673
7. Subtotal <i>(Line8, Form 2)</i>	\$ 1,841,577	\$ 1,528,509	\$ 1,888,483	\$ 1,454,132	\$ 1,926,422	\$ 1,810,837
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 2,210,798	\$ 1,834,962	\$ 2,148,218	\$ 1,654,128	\$ 2,721,844	\$ 2,558,533
9. Total <i>(Line11, Form 2)</i>	\$ 4,052,375	\$ 3,363,471	\$ 4,036,701	\$ 3,108,260	\$ 4,648,266	\$ 4,369,370
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2004
Field Note:
This is a preliminary Financial Status Report (FSR). The final FSR will be due on 12/31/05.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: MP

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 98,197	\$ 90,341	\$ 345,637	\$ 0	\$ 378,951	\$ 0
b. Infants < 1 year old	\$ 78,562	\$ 72,277	\$ 288,031	\$ 0	\$ 208,423	\$ 0
c. Children 1 to 22 years old	\$ 589,187	\$ 542,052	\$ 288,032	\$ 0	\$ 360,003	\$ 0
d. Children with Special Healthcare Needs	\$ 648,106	\$ 596,257	\$ 672,072	\$ 0	\$ 625,269	\$ 0
e. Others	\$ 353,512	\$ 325,231	\$ 134,414	\$ 0	\$ 132,633	\$ 0
f. Administration	\$ 196,395	\$ 180,683	\$ 192,021	\$ 0	\$ 189,476	\$ 0
g. SUBTOTAL	\$ 1,963,959	\$ 1,806,841	\$ 1,920,207	\$ 0	\$ 1,894,755	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 90,300		\$ 90,300		\$ 90,300	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 15,000		\$ 15,000		\$ 15,000	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 337,191		\$ 290,577		\$ 236,507	
i. CDC	\$ 1,493,737		\$ 1,684,050		\$ 1,942,577	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Region IX-FP; HRSA	\$ 0		\$ 0		\$ 170,124	
SAMHSA	\$ 0		\$ 346,274		\$ 548,686	
Region IX-FP; HRSA	\$ 0		\$ 166,125		\$ 0	
FP,SAMSHA,HRSA	\$ 727,218		\$ 0		\$ 0	
III. SUBTOTAL	\$ 2,663,446		\$ 2,592,326		\$ 3,003,194	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: MP

	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 331,484	\$ 245,298	\$ 339,927	\$ 261,744	\$ 346,756	\$ 325,951
b. Infants < 1 year old	\$ 276,236	\$ 201,740	\$ 283,272	\$ 218,119	\$ 288,963	\$ 271,625
c. Children 1 to 22 years old	\$ 276,237	\$ 204,415	\$ 283,273	\$ 218,120	\$ 288,963	\$ 271,626
d. Children with Special Healthcare Needs	\$ 644,552	\$ 476,968	\$ 660,969	\$ 508,946	\$ 674,248	\$ 633,793
e. Others	\$ 128,910	\$ 95,393	\$ 132,194	\$ 101,790	\$ 134,850	\$ 126,759
f. Administration	\$ 184,158	\$ 136,277	\$ 188,848	\$ 145,413	\$ 192,642	\$ 181,083
g. SUBTOTAL	\$ 1,841,577	\$ 1,360,091	\$ 1,888,483	\$ 1,454,132	\$ 1,926,422	\$ 1,810,837
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 95,000		\$ 100,000		\$ 109,397	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 117,202		\$ 243,198		\$ 211,956	
i. CDC	\$ 1,210,404		\$ 1,345,372		\$ 1,733,822	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Region X-FP; SAMHSA;	\$ 0		\$ 0		\$ 666,669	
Region XI-FP; SAMHSA DOI	\$ 0		\$ 459,648		\$ 0	
DOI	\$ 320,000		\$ 0		\$ 0	
Region IX-FP; SAMHSA	\$ 468,192		\$ 0		\$ 0	
III. SUBTOTAL	\$ 2,210,798		\$ 2,148,218		\$ 2,721,844	

FORM NOTES FOR FORM 4
None
FIELD LEVEL NOTES
None

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: MP

TYPE OF SERVICE	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 1,472,969	\$ 1,355,131	\$ 1,440,155	\$ 0	\$ 1,421,066	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 117,838	\$ 108,411	\$ 115,212	\$ 0	\$ 113,685	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 255,315	\$ 234,889	\$ 249,627	\$ 0	\$ 246,318	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 117,837	\$ 108,410	\$ 115,213	\$ 0	\$ 113,686	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 1,963,959	\$ 1,806,841	\$ 1,920,207	\$ 0	\$ 1,894,755	\$ 0

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: MP

TYPE OF SERVICE	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 1,114,155	\$ 924,749	\$ 1,416,362	\$ 1,090,599	\$ 1,444,817	\$ 1,358,128
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 93,920	\$ 77,954	\$ 113,309	\$ 87,248	\$ 115,585	\$ 108,650
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 414,356	\$ 343,915	\$ 245,503	\$ 189,037	\$ 250,435	\$ 235,409
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 219,146	\$ 181,891	\$ 113,309	\$ 87,248	\$ 115,585	\$ 108,650
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 1,841,577	\$ 1,528,509	\$ 1,888,483	\$ 1,454,132	\$ 1,926,422	\$ 1,810,837

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

None

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: MP

Total Births by Occurrence: 1,369

Reporting Year: 2004

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment(3)	
	No.	%			No.	%
Phenylketonuria	1,177	86	0	0	0	
Congenital Hypothyroidism	1,177	86	7	0	0	
Galactosemia	1,177	86	0	0	0	
Sickle Cell Disease	1,177	86	0	0	0	
Other Screening (Specify)						
Biotinidase Deficiency	1,177	86	0	0	0	
Congenital Adrenal Hyperplasia (CAH)	1,177	86	0	0	0	
FA Barts	1,177	86	18	0	0	
FAE Pos	1,177	86	12	0	0	
Other Hgb	1,177	86	6	0	0	
Acylcaritine	1,177	86	2	0	0	
Other Amino	1,177	86	0	0	0	

Screening Programs for Older Children & Women (Specify Tests by name)

- (1) Use occurrent births as denominator.
 (2) Report only those from resident births.
 (3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: BirthOccurence
Row Name: Total Births By Occurence
Column Name: Total Births By Occurence
Year: 2006
Field Note:
1353 livebirths, 16 fetal deaths total of 1369 births or deliveries.
2. **Section Number:** Main
Field Name: Phenylketonuria_Presumptive
Row Name: Phenylketonuria
Column Name: Presumptive positive screens
Year: 2006
Field Note:
no retest done
3. **Section Number:** Main
Field Name: Congenital_Presumptive
Row Name: Congenital
Column Name: Presumptive positive screens
Year: 2006
Field Note:
Retest=7, no confirmed cases
4. **Section Number:** Main
Field Name: Galactosemia_Presumptive
Row Name: Galactosemia
Column Name: Presumptive positive screens
Year: 2006
Field Note:
no retest done
5. **Section Number:** Main
Field Name: SickleCellDisease_Presumptive
Row Name: SickleCellDisease
Column Name: Presumptive positive screens
Year: 2006
Field Note:
no retest done
6. **Section Number:** Main
Field Name: Phenylketonuria_Confirmed
Row Name: Phenylketonuria
Column Name: Confirmed Cases
Year: 2006
Field Note:
no confirmed cases
7. **Section Number:** Main
Field Name: Congenital_Confirmed
Row Name: Congenital
Column Name: Confirmed Cases
Year: 2006
Field Note:
no confirmed case
8. **Section Number:** Main
Field Name: Galactosemia_Confirmed
Row Name: Galactosemia
Column Name: Confirmed Cases
Year: 2006
Field Note:
no confirmed cases
9. **Section Number:** Main
Field Name: SickleCellDisease_Confirmed
Row Name: SickleCellDisease
Column Name: Confirmed Cases
Year: 2006
Field Note:
no confirmed cases for sickleCell
10. **Section Number:** Other Screening Types
Field Name: Other
Row Name: All Rows
Column Name: All Columns
Year: 2006
Field Note:
18FA Barts, 12 FAE Pos, 6 Other Hgb, 2 Acylcaritine, and 1 Other Amino retest were performed but no confirmed cases.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: MP

Reporting Year: 2004

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	1,378	40.0	0.0	47.2	12.8	0.0
Infants < 1 year old	2,765	40.0	0.0	47.2	12.8	0.0
Children 1 to 22 years old	13,038	27.5	0.0	57.0	15.5	0.0
Children with Special Healthcare Needs	316	60.1	0.0	31.4	8.5	0.0
Others	14,683	25.2	0.0	58.8	16.0	0.0
TOTAL	32,180					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: PregWomen_XXI
Row Name: Pregnant Women
Column Name: Title XXI %
Year: 2006
Field Note:
XXI under XIX
2. **Section Number:** Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2006
Field Note:
Live birth cohort of previous year not yet 1 year were also included.
3. **Section Number:** Main
Field Name: Children_0_1_XXI
Row Name: Infants <1 year of age
Column Name: Title XXI %
Year: 2006
Field Note:
SCHP under T-XIX
4. **Section Number:** Main
Field Name: Children_1_22_XXI
Row Name: Children 1 to 22 years of age
Column Name: Title XXI %
Year: 2006
Field Note:
SCHP(XXI) under Medicaid (XIX)
5. **Section Number:** Main
Field Name: CSHCN_XXI
Row Name: Children with Special Health Care Needs
Column Name: Title XXI %
Year: 2006
Field Note:
XXI under XIX
6. **Section Number:** Main
Field Name: AllOthers_XXI
Row Name: Others
Column Name: Title XXI %
Year: 2006
Field Note:
XXI under XIX

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: MP

Reporting Year: 2004

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	1,369	23	0	0	717	626	2	1
Title V Served	1,369	23	0	0	717	626	2	1
Eligible for Title XIX	323	2	0	0	28	292	1	0
INFANTS								
Total Infants in State	2,765	11	0	0	1,402	1,306	1	45
Title V Served	1,876	5	0	0	907	947	0	17
Eligible for Title XIX	1,106	1	0	0	341	757	1	6

II. UNDUPLICATED COUNT BY ETHNICITY

HISPANIC OR LATINO (Sub-categories by country or area of origin)								
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	1,368	1	0	0	0	0	0	1
Title V Served	1,368	1	0	0	0	0	0	1
Eligible for Title XIX	323	0	0	0	0	0	0	0
INFANTS								
Total Infants in State	2,720	4	41	0	0	0	0	4
Title V Served	1,859	3	14	0	0	0	0	3
Eligible for Title XIX	1,100	0	6	0	0	0	0	0

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTotal_RaceOther
Row Name: Total Deliveries in State
Column Name: Other and Unknown
Year: 2006
Field Note:
1 Hispanic live birth
2. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2006
Field Note:
All deliveries were served by from MCH by screening after births
3. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_RaceOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2006
Field Note:
1 Hispanic
4. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_All
Row Name: Total Infants in State
Column Name: Total All Races
Year: 2006
Field Note:
Birth cohort from previous year
5. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_RaceOther
Row Name: Total Infants in State
Column Name: Other and Unknown
Year: 2006
Field Note:
41 unknown; 4 Hispanic
6. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleV_RaceOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2006
Field Note:
14 unknown; 3 hispanic

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: MP

	FY 2006	FY 2005	FY 2004	FY 2003	FY 2002
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(670) 664-4850/51/66/67</u>	<u>(670) 236-8374/75</u>	<u>(670) 236-8374/75</u>	<u>(670) 236-8231</u>	<u>(670) 236-8231</u>
2. State MCH Toll-Free "Hotline" Name	Division of Public Health, Maternal and Child Health	Division of Public Health	Women and Children's Clinic	Department of Public Health	Department of Public Health
3. Name of Contact Person for State MCH "Hotline"	<u>Margarita Torres Aldan</u>	<u>Margarita Torres Aldan</u>	<u>Margarita Torres Aldan</u>	<u>Margarita Torres Aldan</u>	<u>Margarita Torres Aldan</u>
4. Contact Person's Telephone Number	<u>(670) 236-8714</u>	<u>(670) 236-8714</u>	<u>(670) 236-8714</u>	<u>(670) 234-8714</u>	<u>(670) 236-8714</u>
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>		<u>190</u>	<u>320</u>	<u>320</u>

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: MP

	FY 2006	FY 2005	FY 2004	FY 2003	FY 2002
1. State MCH Toll-Free "Hotline" Telephone Number	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
4. Contact Person's Telephone Number	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1. Section Number: Main

Field Name: hnumber_2

Row Name: State MCH toll-free hotline telephone number

Column Name: FY

Year: 2006

Field Note:

We had 25 volunteers with different scenarios to find information for their scenario. For example, one is to make a prenatal care appointment, one is to check on child's immunization status, one is to talk to someone with a concern on child's development, one is to get a pregnancy test, one is to ask questions about insurance, one is to find out the breast and cervical screening program, one is to ask for assistance to do a presentation in school, etc. We did not provide them with any numbers. Majority called the Commonwealth Health Center operator (14) and they were provided with a direct line number to call for information. Others called the Women's or Children's Clinic or the Northern and Southern Community Wellness Center 7. The remaining 4 called someone they knew at the Department to provide them with the direct number.

2. Section Number: Main

Field Name: calls_2

Row Name: Number of calls received On the State MCH Hotline This reporting period

Column Name: FY

Year: 2004

Field Note:

This is an estimation of the numbers of calls received that ask for information on maternal and child health services. Calls regarding appointments, directions, transportation request were directed to the specific wellness centers they live closest to.

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2006
[SEC. 506(A)(1)]
STATE: MP

1. State MCH Administration:
(max 2500 characters)

The Maternal and Child Health Program is administered under the Division of Public Health, Department of Public Health under the management of the Deputy Secretary for Public Health Administration, Mr. Pete T. Untalan, MHA. Other programs such as Immunization, Family Planning, Diabetes Prevention and Contro, STD/HIV Prevention, Breast and Cervical Screening Program, etc., are also administered under the Division of Public Health.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 500,990
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 876,733
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 517,032
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 1,894,755

9. Most significant providers receiving MCH funds:

Southern Community Wellness Center
Northern Community Wellness Center
Adolescent Health Center
Children's Clinic

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	1,378
b. Infants < 1 year old	2,765
c. Children 1 to 22 years old	13,038
d. CSHCN	316
e. Others	14,683

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:

(max 2500 characters)

Statewide initiative and partnerships for the Maternal Child Health Program include the opening of the Northern Community Wellness Center and the Adolescent Health Center to provide preventive and primary health care services to the community. One of our most successful partnership is with the Public School System with the Newborn Hearing Screening Program and the Early Intervention Services Program. The Division has also been working with the Head Start Program to improve oral health outcomes for the children. This include fluoride varnish and sealant application, being members of the Health Advisory Committee, writing grants, and conducting oral health education.

b. Population-Based Services:

(max 2500 characters)

Training such as breastfeeding counseling, HIV pre and post counseling, EPI disease and surveillance class are all conducted in collaboration with different departments/agencies or the different programs within the Division. The recruitment of the pediatric nurse practitioner has enhanced the education and counseling component of well child visits. She conducts training to staff on baby/child health issues. The prenatal education class has assisted our work in promoting importance of prenatal care visits.

c. Infrastructure Building Services:

(max 2500 characters)

The Division of Public Health has increase forming partnerships to improve our service delivery to the community. We not only have expand our collaboration to institutions such as University of Hawaii and Western Michigan University, but we make sure that these collaborations also include the community we serve. We have submitted grant applications to enhance newborn metabolic screening and newborn hearing screening, adolescent health, oral health outcomes, increase accessibility to health care services, etc.

12. The primary Title V Program contact person:

Name	Margarita W. Torres Aldan
Title	Maternal and Child Health Coordinator
Address	P. O. Box 500409, CK
City	Saipan
State	MP
Zip	96950-0409
Phone	670-236-8714

13. The children with special health care needs (CSHCN) contact person:

Name	Margarita W. Torres Aldan
Title	Maternal and Child Health Coordinator
Address	P.O. Box 500409, CK
City	Saipan
State	MP
Zip	96950-0409
Phone	670-236-8714

Fax 670-236-8700

Email mtaldan@vzpacifica.net

Web

Fax 670-236-8700

Email mtaldan@vzpacifica.net

Web

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

1. **Section Number:** Most significant providers receiving MCH funds
Field Name: ProviderFund1
Row Name:
Column Name:
Year: 2006
Field Note:
Maternal and child health services are provided at this wellness center located in the southern most part of the island with residential community and garment industry.
2. **Section Number:** Most significant providers receiving MCH funds
Field Name: ProviderFund2
Row Name:
Column Name:
Year: 2006
Field Note:
This wellness center provides maternal and child health services to a growing residential community that includes a homestead community.
3. **Section Number:** Most significant providers receiving MCH funds
Field Name: ProviderFund3
Row Name:
Column Name:
Year: 2006
Field Note:
The Adolescent Health Center was opened in April of 2004 and is the first school-based health center in the CNMI.

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: MP

PERFORMANCE MEASURE # 01

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective		65	70	75	80
Annual Indicator		91.2	91.0	93.0	87.0
Numerator		1,324	1,178	1,259	1,177
Denominator		1,451	1,294	1,354	1,353
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	82	84	87	87	87
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective					
Annual Indicator			87.0	87.0	87.0
Numerator			147	147	147
Denominator			169	169	169
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	87	87	87	88	88
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	68.0	68.0	68.0
Numerator	_____	_____	115	115	115
Denominator	_____	_____	169	169	169
Is the Data Provisional or Final?				Provisional	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	68	68	69	70	70
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	68.6	68.6	68.6
Numerator	_____	_____	116	116	116
Denominator	_____	_____	169	169	169
Is the Data Provisional or Final?				Provisional	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	68	69	69	70	70
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective					
Annual Indicator			43.2	43.2	43.2
Numerator			73	73	73
Denominator			169	169	169
Is the Data Provisional or Final?				Provisional	Final

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	44	45	45	46	46
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

Annual Objective and Performance Data					
	2000	2001	2002	2003	2004
Annual Performance Objective					
Annual Indicator			5.9	5.9	5.9
Numerator			10	10	10
Denominator			169	169	169
Is the Data Provisional or Final?				Provisional	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	6	6	7	7	8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	94	95	90	90	90
Annual Indicator	90.3	66.9	60.8	74.5	67.8
Numerator	1,189	1,391	466	1,252	1,167
Denominator	1,317	2,078	766	1,681	1,720
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	90	90	90	90	90
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	20	17	35	33	30
Annual Indicator	53.7	47.0	33.3	43.2	35.4
Numerator	57	51	37	49	41
Denominator	1,061	1,086	1,110	1,135	1,159
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	28	25	25	25	30
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	83	83.5	83	82.5	82
Annual Indicator	53.4	44.7	51.0	54.1	56.9
Numerator	685	460	540	1,816	1,564
Denominator	1,282	1,028	1,058	3,358	2,748
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	81.5	81	80	80	80
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	20.9	20.9	20.9	20.5	20
Annual Indicator	12.8	0.0	6.0	5.8	0.0
Numerator	2	0	1	1	0
Denominator	15,589	16,116	16,644	17,171	17,699
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	20	19.5	19	18	18
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 11

Percentage of mothers who breastfeed their infants at hospital discharge.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	100	100	100	100	100
Annual Indicator	95.0	75.9	80.3	72.3	67.3
Numerator	1,364	1,102	1,039	979	910
Denominator	1,436	1,451	1,294	1,354	1,353
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	95
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	100	100	100
Annual Indicator	100.0	100.0	50.8	96.4	100.0
Numerator	1	1	657	1,305	1,353
Denominator	1	1	1,294	1,354	1,353
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	17.9	16.9	15.9	14.9	13.9
Annual Indicator	32.0	42.0	34.5	25.3	15.6
Numerator	5,676	7,691	6,512	4,935	3,138
Denominator	17,733	18,316	18,899	19,481	20,064
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	12.9	12.9	12.9	12.9	11
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 14

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	40	40.5	50	50.5	60
Annual Indicator	34.6	25.6	28.6	22.9	28.4
Numerator	7,210	5,503	6,348	5,240	6,673
Denominator	20,859	21,519	22,175	22,833	23,491
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	60.5	65	65	70	65
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 15

The percent of very low birth weight infants among all live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	0.6	0.6	0.6	0.6	0.6
Annual Indicator	1.0	0.3	0.5	0.7	0.5
Numerator	15	5	7	9	7
Denominator	1,436	1,451	1,289	1,354	1,353
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	0.6	0.5	0.5	0.5	0.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	15	13	55	53	50.5
Annual Indicator	50.7	123.2	47.9	0.0	0.0
Numerator	2	5	2	0	0
Denominator	3,943	4,060	4,177	4,294	4,411
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	50.5	50	50	45	40
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	1	1	1	1	1
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	1	1	1	1	1
Denominator	1	1	1	1	1
Is the Data Provisional or Final?				Provisional	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	25.2	26.5	27.7	29	30.2
Annual Indicator	24.0	26.3	20.1	26.1	26.2
Numerator	345	382	260	354	354
Denominator	1,436	1,451	1,294	1,354	1,353
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	31.4	33	35	40	40
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 1

Percent of pregnant women who are screened for chlamydia

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	88	90	92	94	96
Annual Indicator	87.3	90.7	91.7	84.0	100.0
Numerator	1,271	1,316	1,187	1,138	1,353
Denominator	1,456	1,451	1,294	1,354	1,353
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	98	99	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 2

The rate of chlamydia for teenagers aged 13-19.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	222	200	200	200	190
Annual Indicator	1,445.6	947.7	750.6	746.6	839.9
Numerator	80	54	44	45	52
Denominator	5,534	5,698	5,862	6,027	6,191
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	190	190	190	185	185
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 3

Percent of infants born to pregnant teenagers aged 12 through 19 receiving prenatal care beginning in the first trimester

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	23	27	32	36	41
Annual Indicator	8.6	30.9	22.7	17.4	29.5
Numerator	12	47	25	21	33
Denominator	140	152	110	121	112
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	45	45	45	50	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 4

The degree to which State provides nutrition education information to students aged 5 through 12 years.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	45	49.5	54	59	65
Annual Indicator	41.3	44.4	33.3	70.5	16.1
Numerator	526	457	899	2,106	140
Denominator	1,275	1,030	2,697	2,986	872
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	71.5	75	75	80	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 5

Percentage of mothers who breastfeed their infants at 4 months

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	37	39	42	45	47
Annual Indicator	29.7	36.8	39.9	72.3	67.3
Numerator	427	534	516	979	910
Denominator	1,436	1,451	1,294	1,354	1,353
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	50	55	55	60	60
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 6

Percent of obesity in school-aged children

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	52.0	50	48.8	45	43.5
Annual Indicator	51.9	51.9	21.0	30.9	18.7
Numerator	484	484	549	650	694
Denominator	932	932	2,614	2,106	3,720
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	40	42.5	45	50	45
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 7

The State Title V Agency formed a collaborative partnership with other service providers for CSHCN in formulation of policies, needs assessment, data collection and analysis, financing of services, and family support system/involvement.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	5	5			
Annual Indicator			6	6	6
Numerator			6	6	6
Denominator	7	7	7	7	7
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 11

No CSHCN survey conducted in 2002 and 2003. The CSHCN survey was conducted in 2004.

FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2002
Field Note:
Please note that PKU screening started in February 2000.
2. **Section Number:** Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2004
Field Note:
2004 newborns screened for numerator and total number of livebirths for denominator.
3. **Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2002
Field Note:
There was no CSHCN survey in 2002
4. **Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2003
Field Note:
There was no CSHCN survey in 2003.
5. **Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2004
Field Note:
CSHCN survey was conducted in 2004.
6. **Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2002
Field Note:
There was no CSHCN survey in 2002.
7. **Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2003
Field Note:
No CSHCN survey was conducted in 2003.
8. **Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2004
Field Note:
CSHCN survey was conducted in 2004.
9. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2002
Field Note:
No survey conducted in 2002
10. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2003
Field Note:
No CSHCN survey conducted in 2003
11. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2004
Field Note:
The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.
12. **Section Number:** Performance Measure #5
Field Name: PM05
Row Name:

- Column Name:**
Year: 2002
Field Note:
No CSHCN survey conducted in 2002.
13. **Section Number:** Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2003
Field Note:
No CSHCN survey conducted in 2003.
14. **Section Number:** Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2004
Field Note:
CSHCN survey conducted in 2004.
15. **Section Number:** Performance Measure #6
Field Name: PM06
Row Name:
Column Name:
Year: 2002
Field Note:
No CSHCN survey conducted in 2002.
16. **Section Number:** Performance Measure #6
Field Name: PM06
Row Name:
Column Name:
Year: 2003
Field Note:
No CSHCN survey conducted in 2003.
17. **Section Number:** Performance Measure #6
Field Name: PM06
Row Name:
Column Name:
Year: 2004
Field Note:
CSHCN survey was conducted in 2004.
18. **Section Number:** Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2004
Field Note:
Number of 19-35 month olds with complete shots. Denominator is the number of all 19-35 month olds in the system.
19. **Section Number:** Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2002
Field Note:
Denominator reflects estimate population for teenage girls age 15-17 years in the CNMI.
20. **Section Number:** Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2003
Field Note:
Denominator is females 15-17 yrs. = 1,135
21. **Section Number:** Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2004
Field Note:
Females 15-17 yrs. estimated population 1,159.
22. **Section Number:** Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2002
Field Note:
School program Dental Services varies for grade levels. SY98 to SY99 are for 2nd graders. SY2000 is for 1st graders, and SY01 to SY02 for 3rd graders. The denominators are 3rd graders enrollment.
23. **Section Number:** Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2003
Field Note:
Sealant application is not provided to third graders. The program includes 1st, 5th, and 6th graders.
24. **Section Number:** Performance Measure #9
Field Name: PM09

- Row Name:**
Column Name:
Year: 2004
Field Note:
Number of 1st, 5th, and 6th graders received sealant. Denominator is number of 1st, 5th, and 6th grade students enrollment.
25. **Section Number:** Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2004
Field Note:
There were no deaths for 14 yrs and younger caused by MVA.
26. **Section Number:** Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2003
Field Note:
data collected from birth registration
27. **Section Number:** Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2004
Field Note:
910 mothers breastfed their children at hospital discharge.
28. **Section Number:** Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2002
Field Note:
The newborn hearing screening program was implemented July of 2002. Objectives and Indicators will start from 2002 on. Data submitted this year covers July 2002 to December 2002.
29. **Section Number:** Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2003
Field Note:
We did not start conducting newborn hearing screening until July of 2002.
30. **Section Number:** Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2004
Field Note:
2004 complete newborn screened for hearing.
31. **Section Number:** Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2002
Field Note:
Denominator reflects estimate population of children under 18 yrs of age in the CNMI from 1998 to 2002.
32. **Section Number:** Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2003
Field Note:
Age 18 yrs and under without health insurance.
33. **Section Number:** Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2004
Field Note:
Children less than 18 yrs without insurance
34. **Section Number:** Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2002
Field Note:
Denominator reflects estimate population of children 1 to 21 years old in the CNMI from 1998-2002.
35. **Section Number:** Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2003
Field Note:
Numerator is 0-18 years of age.
36. **Section Number:** Performance Measure #14

- Field Name:** PM14
Row Name:
Column Name:
Year: 2004
Field Note:
numerator is children 1-21 yrs under medicaid program.
37. **Section Number:** Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2004
Field Note:
10 very low birth weight among all live births.
The very low birth weight for 2004 was changed from 10 to 7.
38. **Section Number:** Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2003
Field Note:
no suicide deaths age 15-19 yrs for 2003
39. **Section Number:** Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2004
Field Note:
number of suicide deaths for ages 15-19 yrs. None.
40. **Section Number:** Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2002
Field Note:
The CNMI is excluded from reporting on this performance measure.
41. **Section Number:** Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2003
Field Note:
The CNMI is excluded from reporting on the PM.
42. **Section Number:** Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2004
Field Note:
CNMI is excluded for this PM
43. **Section Number:** State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2004
Field Note:
All pregnant women were screened for chlamydia in 2004.
44. **Section Number:** State Performance Measure #2
Field Name: SM2
Row Name:
Column Name:
Year: 2002
Field Note:
Denominator reflects estimate population of teenagers age 13-19 in the CNMI from 1998-2002.
45. **Section Number:** State Performance Measure #2
Field Name: SM2
Row Name:
Column Name:
Year: 2004
Field Note:
teens 13-19 yrs with chlamydia. Denominator est. pop. for 13-19 ages.
46. **Section Number:** State Performance Measure #3
Field Name: SM3
Row Name:
Column Name:
Year: 2002
Field Note:
Out of 152 teen deliveries, 47 teenage mothers receive prenatal care in the first trimester.
47. **Section Number:** State Performance Measure #3
Field Name: SM3
Row Name:
Column Name:
Year: 2004
Field Note:
pregnant teens (12-19 yrs) 112 total, 33 had PNC in the 1st trimester.

48. **Section Number:** State Performance Measure #4
Field Name: SM4
Row Name:
Column Name:
Year: 2002
Field Note:
In 1998 and 1999, schools were implementing their Healthy Snack Policy and School Nutrition and Physical Fitness Program (SNAPP) thus DPH was involved in nutrition education. The decrease in numbers, both numerators and denominators, after 1998 and 1999 is that schools are requesting for other health education/information assistance such as puberty, skills building topics, keeping your body clean, etc. The numbers reported reflect only those schools that DPH provided only nutrition education.
49. **Section Number:** State Performance Measure #4
Field Name: SM4
Row Name:
Column Name:
Year: 2003
Field Note:
All public health staff who conducts nutrition education to the elementary schools would bring back the number of students that were in their presentations.
50. **Section Number:** State Performance Measure #4
Field Name: SM4
Row Name:
Column Name:
Year: 2004
Field Note:
Nutrition education was conducted to 3rd graders only for year 2004. The denominator is total enrollment for 3rd graders in 2004.
51. **Section Number:** State Performance Measure #5
Field Name: SM5
Row Name:
Column Name:
Year: 2003
Field Note:
A committee has been formed to write the grant application for WIC. Breastfeeding efforts will be enhanced if we get funding approval.
52. **Section Number:** State Performance Measure #5
Field Name: SM5
Row Name:
Column Name:
Year: 2004
Field Note:
910 mothers breastfeed their infants at 4 months.
53. **Section Number:** State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2002
Field Note:
Number 2614 is unweighted based on YRBS
54. **Section Number:** State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2003
Field Note:
These were the number of Head Start children who received sealant application. The registered dietician did an assessment of their height, weight, and body mass index.
55. **Section Number:** State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2004
Field Note:
YRBS '03= 3,720 high school and middle school students were surveyed. 694 were overweight.
56. **Section Number:** State Performance Measure #7
Field Name: SM7
Row Name:
Column Name:
Year: 2004
Field Note:
We are studying and collaborating with the Public School System Special Education Program on a database to assist up provide better case managementto children with special health care needs.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: MP

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	7.2	7.7	7.4	7.2	6.9
Annual Indicator	7.7	7.6	7.7	5.2	8.9
Numerator	11	11	10	7	12
Denominator	1,436	1,451	1,294	1,354	1,353
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	6.7	6.5	6.5	6	6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective					
Annual Indicator				NaN	NaN
Numerator				0	0
Denominator				0	0
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	6.9	6.5	6.1	5.7	5.3
Annual Indicator	4.9	6.2	5.4	3.7	4.4
Numerator	7	9	7	5	6
Denominator	1,436	1,451	1,294	1,354	1,353
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	4.9	4.5	4	4	4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	1.5	1.6	1.4	1.3	1.1
Annual Indicator	2.8	1.4	2.3	1.5	4.4
Numerator	4	2	3	2	6
Denominator	1,436	1,451	1,294	1,354	1,353
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	6.1	3.5	3.5	3.5	3.5
Annual Indicator	8.4	13.8	9.3	5.2	11.1
Numerator	12	20	12	7	15
Denominator	1,436	1,451	1,294	1,354	1,353
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	3	3	3	3	3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	32.77	31.2	29.63	28.06	26.49
Annual Indicator	7.0	6.8	19.7	31.8	24.7
Numerator	1	1	3	5	4
Denominator	14,292	14,772	15,252	15,732	16,212
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	24.92	24.7	24.7	24	24
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE OUTCOME MEASURE # 1

The fetal death rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	15.5	11.5	9.0	5.0	4.0
Annual Indicator	13.9	9.0	7.7	3.7	11.8
Numerator	20	13	10	5	16
Denominator	1,436	1,451	1,294	1,354	1,353
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	3.5	3.5	3	3	3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 12

None

FIELD LEVEL NOTES

1. **Section Number:** Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2003
Field Note:
The numerator is changed to 7 not 8.
2. **Section Number:** Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2004
Field Note:
12 infant deaths in 2004
3. **Section Number:** Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2003
Field Note:
Please note that the CNMI is excluded from reporting on this outcome measure.
4. **Section Number:** Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2004
Field Note:
CNMI is excluded from reporting this outcome.
5. **Section Number:** Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2002
Field Note:
Neonatal mortality is changed from 1 to 7.
6. **Section Number:** Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2004
Field Note:
6 neonatal deaths in 2004.
7. **Section Number:** Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2004
Field Note:
7 postneonatal deaths in 2004.
Changed from 7 to 6 postneonatal deaths.
8. **Section Number:** Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2002
Field Note:
Perinatal deaths changed from 6 to 12.
9. **Section Number:** Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2003
Field Note:
Perinatal for 2003 is 7 not 10.
10. **Section Number:** Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2004
Field Note:
17 perinatal deaths in 2004
Perinatal deaths changed from 17 to 15 only.
11. **Section Number:** State Outcome Measure 1
Field Name: SO1
Row Name:
Column Name:
Year: 2004
Field Note:
16 fetal deaths in 2004.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: MP

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

1

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

2

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

1

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

3

Total Score: 13

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: Question1
Row Name: #1. Family members participate on advisory committee or task forces...
Column Name:
Year: 2006
Field Note:
Family members do participate in advisory committee meetings. We work with other agencies to provide financial assistance for child care during meetings. We also conduct presentations, i.e., children with special health care needs survey results, to parents/families.
2. **Section Number:** Main
Field Name: Question2
Row Name: #2. Financial support (...) is offered for parent activities or parent groups.
Column Name:
Year: 2006
Field Note:
Maternal and Child Health Program does provide assistance to support travel costs for meetings and/or trainings that are conducted in Rota and Tinian and also to bring in participants to Saipan.
3. **Section Number:** Main
Field Name: Question3
Row Name: #3. Family members are involved in the Children with Special Health Care Needs...
Column Name:
Year: 2006
Field Note:
As was mentioned in the needs assessment narrative, during the children with special health care needs survey, we received phone calls from parents that wanted to participate in the survey and also made referrals. We participate in forums, meetings, conferences in which we provide information on the maternal and child health program and services. We also have discussions to gather input on improving services that we provide.

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: MP FY: 2006

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women," and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. To decrease obesity among school-aged children.
2. To increase nutrition education activities in the schools.
3. To increase prenatal care rate for pregnant teenagers.
4. To increase breastfeeding rate at 4 months.
5. To increase the percent of pregnant women who are screened for chlamydia.
6. To decrease the rate of chlamydia for teenagers aged 13-19 years.
7. The State Title V Agency formed a collaborative partnership with other service providers for CSHCN in formulation of policies, needs assessment, data collection and analysis, financing of services, and family support system/involvement.
8. To increase the percentage of eligible infants with disabilities under the age of 1 that is receiving early intervention services. (NEW)
9. To decrease the number of unplanned pregnancies. (NEW)
10. To increase the proportion of women aged 40 years and older who have ever received a mammogram. (NEW) To increase the proportion of women aged 18 years and older who have ever received a pap smear. (NEW)

FORM NOTES FOR FORM 14

The CNMI will not be reporting on priority need #7 next year. We will do #8 in its place. For #10 there are two priority needs stated due to lack of space.

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: MP

APPLICATION YEAR: 2006

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	Data-related Issues - Data Systems Development If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Data Linkage	Assist in assessing software that will assist the Division in linking different units at the Department of Public Health	Requesting for guidance on this TA request
2.	Data-related Issues - Data Systems Development If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Electronic or paperless medical record	We currently transport by car medical records from the Commonwealth Health Center to the Wellness Centers. We want to stop this and create own medical records.	Requesting for guidance on this TA request
3.	Data-related Issues - Needs Assessment If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Evidence-based training	Newly recruit key management staff	Dr. Kogan's Office
4.	Data-related Issues - Needs Assessment If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Research Report writing	The Division has been actively conducting community health surveys and need training on writing report from survey results	Will be looking
5.	Data-related Issues - Performance Indicators If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	PRAMS or like PRAMS survey	Because of low prenatal care numbers, we want to do this type of survey to assist us in understanding the problems and coming up with solutions.	See if someone from the Pacific Jurisdiction has done one.
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National			

	Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: MP

SP # 1

PERFORMANCE MEASURE:

Percent of pregnant women who are screened for chlamydia

STATUS:

Active

GOAL

To assure early identification, treatment, contact follow-up, and referral of pregnant women for a healthy pregnancy outcome.

DEFINITION

The value will be percent per 100 units.

Numerator:

The number of chlamydia cases in pregnant women.

Denominator:

Total number of pregnant women.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Communicable Disease Control Program, prenatal log book, and MUMPS.

SIGNIFICANCE

95% of chlamydia cases are pregnant women. The significance of reducing the number of chlamydia cases in pregnant women is in the enhancement of healthier pregnancy outcomes and early identification and treatment.

SP # 2

PERFORMANCE MEASURE:

The rate of chlamydia for teenagers aged 13-19.

STATUS:

Active

GOAL

To decrease the number of chlamydia for teenagers aged 13-19.

DEFINITION

The value used will be rate per 100,000

Numerator:

Number of chlamydia cases among teenagers aged 13-19.

Denominator:

Total number of teens aged 13-19.

Units: 100000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Communicable Disease Control Program and Lab records.

SIGNIFICANCE

The 1997 Youth Risk Behavior showed that teenagers are engaging in unprotected activities at very young ages. MCH Program addresses the prevention, education, case identification, treatment, and contact follow-up of STD cases. Among the sexually transmitted diseases Chlamydia is prevalent among this age group. STD is a concern for future trends of teenage pregnancy outcomes, general health outcomes, and transmission of HIV.

SP # 3

PERFORMANCE MEASURE:

Percent of infants born to pregnant teenagers aged 12 through 19 receiving prenatal care beginning in the first trimester

STATUS:

Active

GOAL

To assure early entrance into prenatal care to enhance pregnancy outcomes.

DEFINITION

The value will be percent per 100 units.

Numerator:

Number of live births to teenagers with reported first prenatal care visit during the first trimester (before 13 weeks gestation) in the calendar

Denominator:

Total number of infants born to teenagers.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Labor and Delivery log book, prenatal log book, vital statistics, MUMPS and IMPS system.

SIGNIFICANCE

The CNMI has a high rate of teenage pregnancies and a disproportionate amount of the teenage pregnancies result in the admission to the NICU. Prenatal care in the first trimester would result in better pregnancy outcome for mother and baby.

SP # 4

PERFORMANCE MEASURE:

The degree to which State provides nutrition education information to students aged 5 through 12 years.

STATUS:

Active

GOAL

To provide nutrition information that students can use in practical situation.

DEFINITION

The value will be percent per 100 units.

Numerator:

The total number of students for each school (both private and public) that received nutrition education.

Denominator:

The number of CNMI public and private school enrollment from Kindergarten through sixth grade where nutrition education was conducted.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Public School System Research and Statistics Office, public and private elementary schools, surveys, School registry, Nutrition Office records, and outreach activities.

SIGNIFICANCE

Obesity, diabetes, hypertension, and atherosclerotic vascular disease are among the major health concerns facing the CNMI population. Habits related to diet, exercise (lack of), and tobacco use combine to be the greatest contributors to chronic diseases in the CNMI. The formation of the School Nutrition and Physical Activity Program (SNAPP) was formed to ensure that nutrition education, food service, parent involvement, and physical education are addressed in the curriculum.

SP # 5

PERFORMANCE MEASURE:

Percentage of mothers who breastfeed their infants at 4 months

STATUS:

Active

GOAL

To increase the percentage of mothers who breastfeed their infants at 4 months.

DEFINITION

The value will be percent per 100 units.

Numerator:

of infants breastfed at 4 months during the Calendar Year.

Denominator:

Total number of 4 month old infants

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Medical Charts, breastfeeding surveys, breastfeeding clinic records, hospital charts, well-child visits charts.

SIGNIFICANCE

Breastfeeding is the most natural and nutritious way to encourage your baby's development. Benefits include immunological, nutrition, emotional, and convenience at the lowest cost.

SP # 6

PERFORMANCE MEASURE:

Percent of obesity in school-aged children

STATUS:

Active

GOAL

To reduce the percentage of obesity in school-aged children.

DEFINITION

The value will be percent per 100 units.

Numerator:

of obese (BMI) school aged childrenb per School Year

Denominator:

Total number of school-aged children in the CNMI.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Public School System, DPH Nutrition Survey, and Medical Charts.

SIGNIFICANCE

Healthy eating patterns and regular, vigorous exercise during school years promote optimal child health, growth, and intellectual development. Together they can help prevent health problems such as iron deficiency, obesity, eating disorders, and dental caries. Furthermore, they may prevent long term health problems such as type II diabetes and renal disorders.

SP # 7

PERFORMANCE MEASURE:

The State Title V Agency formed a collaborative partnership with other service providers for CSHCN in formulation of policies, needs assessment, data collection and analysis, financing of services, and family support system/involvement.

STATUS:

Active

GOAL

To ensure provision and utilization of CSHCN Program.

DEFINITION

A checklist is attached of seven characteristics that document partnership with other service providers for CSHCN. The answer is a scale from 0-7.

Numerator:

Denominator:

Units: 7 **Text:** Scale

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

CSHCN Program

SIGNIFICANCE

As mentioned in the narrative the CSHCN Program works in collaboration with other service providers to ensure that needs are not only met but also that services are available for this target population.

SO # 1

OUTCOME MEASURE:

The fetal death rate per 1,000 live births.

STATUS:

Active

GOAL

To reduce the number of fetal deaths (stillbirths).

DEFINITION

Numerator: Number of deaths to infants Denominator: Number of live births Units: 1,000 Text: Rate per 1,000

Numerator:

Number of fetal deaths (greater than 20 weeks gestation)

Denominator:

Total number of live births

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Vital Statistics Office (death certificates and database).

SIGNIFICANCE

The importance of ensuring that we are reaching high risk groups when program/projects are being implemented or evaluating those program/projects that are in existence depends on looking at outcome data.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: MP

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	207.9	123.8	281.4	144.7	79.0
Numerator	143	71	163	91	51
Denominator	6,878	5,736	5,792	6,288	6,453
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	22.0	19.2	40.7	40.8	36.1
Numerator	316	279	527	553	489
Denominator	1,436	1,451	1,294	1,354	1,353
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	22.0	19.2	40.7	40.8	36.1
Numerator	316	279	527	553	489
Denominator	1,436	1,451	1,294	1,354	1,353
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	52.8	17.5	17.7	10.3	18.2
Numerator	758	254	229	139	172
Denominator	1,436	1,451	1,294	1,354	943
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 07

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	12.3	43.5	7.5	17.6	17.3
Numerator	606	2,439	328	869	889
Denominator	4,921	5,608	4,395	4,942	5,124
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	38.9	51.3	48.0	51.6	45.4
Numerator	135	135	154	158	147
Denominator	347	263	321	306	324
Is the Data Provisional or Final?				Final	Provisional

FORM NOTES FOR FORM 17

None

FIELD LEVEL NOTES

1. **Section Number:** Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2004
Field Note:
Less than 5 yrs children hospitalized for ICD-9 codes 493.0-493.9
2. **Section Number:** Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2003
Field Note:
the 139 mothers have 80% or more on the kotelchuck index
3. **Section Number:** Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2004
Field Note:
Out of 1353 births 943 were the best representative to measure the Kotekchuck index
4. **Section Number:** Health Systems Capacity Indicator #08
Field Name: HSC08
Row Name:
Column Name:
Year: 2004
Field Note:
estimated numerator and denominator

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: MP

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) Percent of low birth weight (< 2,500 grams)	2004	Matching data files	<u>27</u>	<u>73</u>	<u>6.8</u>
b) Infant deaths per 1,000 live births	2004	Matching data files	<u>13</u>	<u>87</u>	<u>100</u>
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2004	Matching data files	<u>32</u>	<u>25</u>	<u>27</u>
d) Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2004	Matching data files	<u>20</u>	<u>17</u>	<u>18</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)
STATE: MP

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) Infants (0 to 1)	2004	<u>150</u>
b) Medicaid Children (Age range <u>1</u> to <u>4</u>) (Age range <u>5</u> to <u>10</u>) (Age range <u>11</u> to <u>18</u>)	2004	<u>150</u> <u>150</u> <u>150</u>
c) Pregnant Women	2004	<u>150</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (SCHIP ELIGIBILITY LEVEL)
STATE: MP

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) Infants (0 to 1)	2004	<u>150</u>
b) Medicaid Children (Age range <u>1</u> to <u>4</u>) (Age range <u>5</u> to <u>10</u>) (Age range <u>11</u> to <u>18</u>)	2004	<u>150</u> <u>150</u> <u>150</u>
c) Pregnant Women	2004	<u>150</u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2006
Field Note:
Data derived from surveillance forms collected from Labor and Delivery and research from medical records.
2. **Section Number:** Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2006
Field Note:
the number of representative for the kotelchuck was cleaned and some were deleted, hence percentage was changed.
3. **Section Number:** Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2006
Field Note:
The percentage was changed due to some deletion of non-representation of kotelchuck index.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: MP

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	2	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	2	Yes
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	1	No

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: MP

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other: Youth Tobacco Survey	3	No

HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity
(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Pediatric Nutrition Surveillance System (PedNSS)	1	No
WIC Program Data	1	No
Other: Healthy Living In the Pacific Islands Survey	3	No
Project Familia	3	No

*Where:

1 = No

2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.

3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 09A
Field Name: BAW
Row Name: Annual linkage of birth certificates and WIC eligibility files
Column Name:
Year: 2006
Field Note:
The CNMI do not have a WIC Program. However, we did submit a WIC State Plan last year and we are currently working on revisions for resubmission.
2. **Section Number:** Indicator 09A
Field Name: BAN
Row Name: Annual linkage of birth certificates and newborn screening files
Column Name:
Year: 2006
Field Note:
We requested for technical assistance for linking the different data programs from all the units at the Department of Public Health.
3. **Section Number:** Indicator 09A
Field Name: BirthDefects
Row Name: Annual birth defects surveillance system
Column Name:
Year: 2006
Field Note:
We do not have a birth defect surveillance system. We do have a children with special health care needs program and we also have an early intervention services program.
4. **Section Number:** Indicator 09A
Field Name: RecentMother
Row Name: Survey of recent mothers at least every two years (like PRAMS)
Column Name:
Year: 2006
Field Note:
We are very much interested in conducting PRAMS or PRAMS-like survey in the CNMI. Again, we requested for technical assistance for this activity.
5. **Section Number:** Indicator 09B
Field Name: YRBSS_09B
Row Name: Youth Risk Behavior Survey (YRBS)
Column Name:
Year: 2006
Field Note:
YRBS is provided by PSS (Public School System) upon request.
6. **Section Number:** Indicator 09B
Field Name: Other1_09B
Row Name: Other
Column Name:
Year: 2006
Field Note:
The Division of Public Health do collaborate with the Community Guidance Center to conduct the Youth Tobacco Survey. Analysis of the survey results is usually contracted to other agencies.
7. **Section Number:** Indicator 09C
Field Name: PEDNSS_09C
Row Name: Pediatric Nutrition Surveillance System (PedNSS)
Column Name:
Year: 2006
Field Note:
We do not have this surveillance system. However, the CNMI submitted the WIC State Plan and the nutrition component of the program will require this kind of system. We do conduct nutrition surveys.
8. **Section Number:** Indicator 09C
Field Name: WIC_09C
Row Name: WIC Program Data
Column Name:
Year: 2006
Field Note:
The CNMI has resubmitted the WIC State Plan.
9. **Section Number:** Indicator 09C
Field Name: Other1_09C
Row Name: Other
Column Name:
Year: 2006
Field Note:
The Youth Tobacco Survey is conducted by Community Guidance Center. The Division do receive a copy of the report. In addition, a second year CNMI medical student attending University of Washington is currently doing research on the risk of tobacco and betel nut chewing among teenagers. We will get copy of the study. The University of Hawaii will be doing the analysis of the Healthy Living in the Pacific Islands survey.
10. **Section Number:** Indicator 09A
Field Name: BAM
Row Name: Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files
Column Name:
Year: 2006
Field Note:
We requested for technical assistance for linking the different data programs within the Department of Public Health.

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: MP

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	7.7	6.8	5.5	6.9	6.8
Numerator	111	99	71	93	92
Denominator	1,436	1,451	1,294	1,354	1,353
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	7.1	6.0	5.3	5.5	6.2
Numerator	99	87	69	75	84
Denominator	1,393	1,439	1,294	1,354	1,353
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	1.0	1.1	0.5	0.7	0.7
Numerator	15	16	7	9	10
Denominator	1,436	1,451	1,294	1,354	1,353
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	1.0	0.8	0.5	0.5	0.7
Numerator	14	11	6	7	9
Denominator	1,405	1,446	1,294	1,354	1,353
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	0.0	0.0	18.0	11.5	5.7
Numerator	0	0	3	2	1
Denominator	15,589	16,116	16,664	17,441	17,699
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	0.0	0.0	6.0	5.7	0.0
Numerator	0	0	1	1	0
Denominator	15,589	16,116	16,664	17,441	17,699
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	0.0	8.5	0.0	0.0	31.4
Numerator	0	1	0	0	4
Denominator	11,509	11,820	12,131	12,443	12,754
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	4,567.3		8,101.3	6,662.5	7,548.4
Numerator	712		1,350	1,162	1,336
Denominator	15,589	16,116	16,664	17,441	17,699
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	449.0	384.7	294.0	40.1	237.3
Numerator	70	62	49	7	42
Denominator	15,589	16,116	16,664	17,441	17,699
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	1,442.3	1,074.5	692.4	980.5	1,074.2
Numerator	166	127	84	122	137
Denominator	11,509	11,820	12,131	12,443	12,754
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	29.0	23.8	25.3	17.1	18.7
Numerator	64	54	59	41	46
Denominator	2,205	2,270	2,334	2,399	2,464
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	8.3	5.3	4.8	5.5	4.3
Numerator	195	132	125	150	122
Denominator	23,631	24,783	25,935	27,087	28,239
Is the Data Provisional or Final?				Final	Provisional

FORM NOTES FOR FORM 20

None

FIELD LEVEL NOTES

- 1. **Section Number:** Health Status Indicator #03B
Field Name: HSI03B
Row Name:
Column Name:
Year: 2004
Field Note:
No MVA fatality for children less than 15 yrs

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MP

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	1,300	15	0	0	370	535	0	380
Children 1 through 4	4,500	65	0	0	1,215	1,975	0	1,245
Children 5 through 9	5,420	65	0	0	1,100	2,700	0	1,555
Children 10 through 14	4,370	55	0	0	725	2,460	0	1,130
Children 15 through 19	3,940	25	0	0	1,175	2,020	0	720
Children 20 through 24	7,570	60	0	0	5,265	1,755	0	490
Children 0 through 24	27,100	285	0	0	9,850	11,445	0	5,520

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	920	0	380
Children 1 through 4	3,255	0	1,245
Children 5 through 9	3,865	0	1,555
Children 10 through 14	3,240	0	1,130
Children 15 through 19	3,220	0	720
Children 20 through 24	7,080	0	490
Children 0 through 24	21,580	0	5,520

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MP

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	0	0	0	0	0	0	0	0
Women 15 through 17	41	0	0	0	5	36	0	0
Women 18 through 19	71	0	0	0	8	63	0	0
Women 20 through 34	997	15	0	0	521	459	2	0
Women 35 or older	244	8	0	0	177	58	0	1
Women of all ages	1,353	23	0	0	711	616	2	1

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	0	0	0
Women 15 through 17	41	0	0
Women 18 through 19	71	0	0
Women 20 through 34	997	0	0
Women 35 or older	243	1	0
Women of all ages	1,352	1	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MP

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	12	1	0	0	8	3	0	0
Children 1 through 4	1	0	0	0	0	1	0	0
Children 5 through 9	0	0	0	0	0	0	0	0
Children 10 through 14	3	0	0	0	1	2	0	0
Children 15 through 19	1	0	0	0	0	1	0	0
Children 20 through 24	6	0	0	0	5	1	0	0
Children 0 through 24	23	1	0	0	14	8	0	0

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	12	0	0
Children 1 through 4	1	0	0
Children 5 through 9	0	0	0
Children 10 through 14	3	0	0
Children 15 through 19	1	0	0
Children 20 through 24	6	0	0
Children 0 through 24	23	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MP

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	19,520	225.0	0	0	4,585.0	9,680.0	4,710.0	320.0	2004
Percent in household headed by single parent	100.0	1.0	0	0	32.0	57.0	9.0	2.0	2004
Percent in TANF (Grant) families	0	0	0	0	0	0	0	0	2004
Number enrolled in Medicaid	5,687	12.0	0	0	1,664.0	4,011.0	0	0	2004
Number enrolled in SCHIP	5,687	12.0	0	0	1,664.0	4,011.0	0	0	2004
Number living in foster home care	116	0	0	0	0	103.0	0	13.0	2004
Number enrolled in food stamp program	9,080	55.0	0	0	1,798.0	7,194.0	0	33.0	2004
Number enrolled in WIC	0	0	0	0	0	0	0	0	2004
Rate (per 100,000) of juvenile crime arrests	1,419.0	0	0	0	393.0	2,459.0	446.0	0	2004
Percentage of high school drop-outs (grade 9 through 12)	0.8	0	0	0	0.1	0.7	0	0	2004

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	19,200.0	0	320.0	2004
Percent in household headed by single parent	98.0	0	2.0	2004
Percent in TANF (Grant) families	0	0	0	2004
Number enrolled in Medicaid	5,687.0	0	0	2004
Number enrolled in SCHIP	5,687.0	0	0	2004
Number living in foster home care	103.0	0	13.0	2004
Number enrolled in food stamp program	9,047.0	0	33.0	2004
Number enrolled in WIC	0	0	0	2004
Rate (per 100,000) of juvenile crime arrests	1,419.0	0	0	2004
Percentage of high school drop-outs (grade 9 through 12)	0.8	0	0	2004

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MP

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	13,345
Living in rural areas	4,293
Living in frontier areas	0
Total - all children 0 through 19	17,638

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MP

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	69,220.0
Percent Below: 50% of poverty	2.0
100% of poverty	56.0
200% of poverty	70.0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MP

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	17,638.0
Percent Below: 50% of poverty	35.0
100% of poverty	0
200% of poverty	0

FORM NOTES FOR FORM 21

The estimated population by race derived from IPC, Office of Insular Areas, Maryland. The total may not add up due to rounding unique system. The estimated race breakdown derived from the Census 2000.

"Black" and "More than one race reported" may fall under "Other and Unknown".

"Hispanic" may fall under "Ethnicity not reported".

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06A
Field Name: S06_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2006
Field Note:
This in number of Infants less than 1 year
2. **Section Number:** Indicator 06B
Field Name: S06_Ethnicity_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2006
Field Note:
Hispanic race may fall under Ethnicity Not reported
3. **Section Number:** Indicator 07A
Field Name: Race_Women15
Row Name: Women < 15
Column Name:
Year: 2006
Field Note:
Less than 15 yrs mothers, zero. This data is for live birth 2004
4. **Section Number:** Indicator 07B
Field Name: Ethnicity_Women35
Row Name: Women 35 or older
Column Name:
Year: 2006
Field Note:
Only 1 Hispanic mother gave birth in 2004
5. **Section Number:** Indicator 08A
Field Name: S08_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2006
Field Note:
Infant mortality less than 1 year
6. **Section Number:** Indicator 08B
Field Name: S08_Ethnicity_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2006
Field Note:
No Hispanic mortality less than 1 year.
7. **Section Number:** Indicator 09A
Field Name: HSIRace_Children
Row Name: All children 0 through 19
Column Name:
Year: 2006
Field Note:
This population for 0-19 yrs for CNMI 2000 census.
8. **Section Number:** Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2006
Field Note:
Based on 2000 census
9. **Section Number:** Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2006
Field Note:
The SCHIP was merged with Medicaid
10. **Section Number:** Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2006
Field Note:
By Aug 23, the final tally will be provided
11. **Section Number:** Indicator 09A
Field Name: HSIRace_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2006

- Field Note:**
There is no WIC program
12. **Section Number:** Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2006
Field Note:
Rate per total enrollment for 2004
13. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_Children
Row Name: All children 0 through 19
Column Name:
Year: 2006
Field Note:
Figure derived from 2003 Saipan survey. Hispanic may fall under Ethnicity nor reported.
14. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2006
Field Note:
SCHIP is same as Medicaid
15. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2006
Field Note:
1419 Juvenile arrest per 100000
16. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2006
Field Note:
Rate of drops from total enrollment
17. **Section Number:** Indicator 10
Field Name: Urban
Row Name: Living in urban areas
Column Name:
Year: 2006
Field Note:
The area urban and rural are from the 1995 census population. The 2000 census does not have figures for rural and urban.
18. **Section Number:** Indicator 11
Field Name: S11_total
Row Name: Total Population
Column Name:
Year: 2006
Field Note:
Population from the 2000 census
19. **Section Number:** Indicator 11
Field Name: S11_100percent
Row Name: 100% of poverty
Column Name:
Year: 2006
Field Note:
125% of poverty
20. **Section Number:** Indicator 11
Field Name: S11_200percent
Row Name: 200% of poverty
Column Name:
Year: 2006
Field Note:
185% of poverty
21. **Section Number:** Indicator 12
Field Name: S12_Children
Row Name: Children 0 through 19 years old
Column Name:
Year: 2006
Field Note:
Figure from 2000 census
22. **Section Number:** Indicator 12
Field Name: S12_50percent
Row Name: Percent Below: 50% of poverty
Column Name:
Year: 2006
Field Note:
Below poverty level for under 18 years, 2000 census. 50% below poverty for children 0-19 yrs pending U.S. census response.
23. **Section Number:** Indicator 12
Field Name: S12_100percent
Row Name: 100% of poverty
Column Name:
Year: 2006

Field Note:
Data 100% of poverty pending U.S. census response.

24. **Section Number:** Indicator 12
Field Name: S12_200percent
Row Name: 200% of poverty
Column Name:
Year: 2006
Field Note:
Data 200% poverty pending U.S. census response.

NEW STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: MP

SP # 1

PERFORMANCE MEASURE:

The percent of unplanned pregnancies of birth (per 1,000) for women aged 15-44 years

GOAL

To decrease the number of unplanned pregnancies.

DEFINITION

Numerator:

Number of unplanned live births for women aged 15-44 years for that calendar year.

Denominator:

Number of live births plus number of unplanned pregnancies for women aged 15-44 years.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Related to objective 9-3

Increase the proportion of females at risk of unintended pregnancy (and their partners) who use contraception.

DATA SOURCES AND DATA ISSUES

Prenatal care forms and logbook from Labor and Delivery.

SIGNIFICANCE

Reducing unplanned pregnancies is possible and necessary. Unplanned pregnancy in the CNMI and the nation is serious, costly, and occurs frequently. Socially, the costs can be measured in unplanned births, reduced educational attainment and employment opportunity, greater welfare dependency, and increased potential for child abuse and neglect. Economically, health care costs are increased. An unplanned pregnancy, once it occurs, is expensive no matter what the outcome. Medically, unplanned pregnancies are serious in terms of the lost opportunity to prepare for an optimal pregnancy, the increased likelihood of infant and maternal illness, and the likelihood of abortion. The consequences of unplanned pregnancy are not confined to those occurring in teenagers or unmarried couples. In fact, unplanned pregnancy can carry serious consequences at all ages and life stages.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 2

PERFORMANCE MEASURE:

Percent of women who have ever received a pap smear.

GOAL

To increase the proportion of women aged 18 years and older who have ever received a pap smear.

DEFINITION

Numerator:

Number of women 18 years and older who received pap smear.

Denominator:

Number of women aged 18 years and older in the CNMI.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 3-11a.

Women aged 18 years and older who have every received a Pap test (Baseline – 92 percent in 1998)

DATA SOURCES AND DATA ISSUES

BCSP Database and RPMS. Population records are available from the Census.

SIGNIFICANCE

A total of 550 cases of cancer were observed for the eleven-year period 1991 to 2001. For cancer cases, the most common cancers seen were similar to the leading causes of cancer death, including breast cancer (accounting for 16% of all cases), lung cancer (12%), cervical cancer (11%), cancers of unknown origin (10%), and head and neck cancers (7%). Of the 304 cases of cancer in females, 29% were breast cancer, 20% were cervical cancer, 8% were of unknown origin, 7% were uterine cancer, and 5% lung cancer. There were 15,543 women aged 25-60 years that were identified as not having had a pap smear for the past 4 years.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 3

PERFORMANCE MEASURE:

Percent of women who have ever received a mammogram.

GOAL

To increase the proportion of women aged 40 years and older who have ever received a mammogram.

DEFINITION

Numerator:

Number of women aged 40 years and older who received a mammogram.

Denominator:

Number of women aged 40 years and older in the CNMI.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 3-13.

Increase the proportion of women aged 40 years and older who have received a mammogram within the preceding 2 years.
(Baseline – 67 percent in 1998)

DATA SOURCES AND DATA ISSUES

BCSP Database and RPMS. Population records are available from the Census.

SIGNIFICANCE

A total of 550 cases of cancer were observed for the eleven-year period 1991 to 2001. For cancer cases, the most common cancers seen were similar to the leading causes of cancer death, including breast cancer (accounting for 16% of all cases), lung cancer (12%), cervical cancer (11%), cancers of unknown origin (10%), and head and neck cancers (7%). Of the 304 cases of cancer in females, 29% were breast cancer, 20% were cervical cancer, 8% were of unknown origin, 7% were uterine cancer, and 5% lung cancer.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 4

PERFORMANCE MEASURE:

Percent of eligible infants with disabilities under the age of 1 year receiving early intervention services.

GOAL

To increase the percentage of eligible infants with disabilities under the age of 1 year receiving early intervention services.

DEFINITION

Numerator:

Number of infants with disability under age of 1 year who received early intervention services.

Denominator:

Number of infants under age of 1 year.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

Related to 16-20c.

Ensure that infants with diagnosed disorders are enrolled in appropriate service interventions within an appropriate time period.

DATA SOURCES AND DATA ISSUES

C*DAC records. Live births co-hort.

SIGNIFICANCE

The success of early intervention is very critical when it is started as soon as a child with special health needs is identified. The staff will work hard to increase the percentage of eligible infants with disabilities under the age of 1 receiving early intervention services.

OBJECTIVE

2006	2007	2008	2009	2010
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